Innovations
IN CONTINUING CARE
VOLUME 1, NUMBER 2, WINTER 1995-6

Demonstration projects underway

A consumer-oriented system which focuses on choice and independence is the focus of changes in Alberta's continuing care system.

Contributing to the reform is an exciting and innovative project: The New Models in Continuing Care Demonstration Project. Up and running since fall, 1995, the project is testing new and diverse models of continuing care. The project is funded by Health Canada's New Horizons Program.

Six innovative care demonstration projects are being delivered at 12 sites throughout Alberta during the course of the two-year project. The projects are: adult family living, dementia care, integrated community care programs, assisted living, native heritage enrichment, and transitional care programs.

The projects will enable many Albertans to live more independently by avoiding or delaying the move into a continuing care centre.

This issue of innovations focusses on one of these projects: adult family living. Future issues will profile each of the other projects.

With Adult Family Living, the individual maintains the role as primary decision-maker and has individual care plans.

Adult Family Living

Project Co-ordinator Bruce Finlayson says that the New Models in Continuing Care Demonstration Project challenges caregivers and policy makers to explore alternative housing options for individuals who would otherwise live in a traditional continuing care centre. "Housing is an important element of continuing care services, and in the future there will be changes and a greater variety in the types of buildings where continuing care services are offered," he explains.

Adult Family Living is a community-based living arrangement. Here, an individual who is no longer fully capable of self-care is taken into a private home. The individual has been assessed through Alberta's Single Point of Entry system and it has been determined that they require admission to a continuing care centre. Adult Family Living is offered as an alternative to continuing care services to those individuals who need more support than is available in the community, but do not require high levels of professional care. The individual receives room and board and, based on assessed need, receives care and supervision. Adult Family Living is less costly than institutional care.

Key in the Adult Family Living project is provision of a family-like environment. This is because research shows that some individuals are more content and comfortable in a smaller, home-like environment. Adult Family Living can postpone and in some cases, replace, the move to a large continuing care centre. With Adult Family Living, the individual maintains the role as primary decision-maker. Rigid hospital-like routines are replaced by flexible individual care plans. Matching an individual's needs with the home setting and caregiver most capable of meeting those needs is key to the success of Adult Family Living.

The three Adult Family Living sites are part of the Evaluating Programs Of Innovation in Continuing Care (EPICC) project, because of their important policy implications for Alberta's continuing care system.

Companion Care, Carewest, Calgary

Developed in response to resident, client and family surveys, the Companion Care Program at Carewest in Calgary offers affordable, flexible care based on individual needs and preferences, as well as ethnic differences. The program opened on Nov. 27, 1995.

To qualify for the program, an individual is first assessed through Single Point of Entry, as qualifying for admission to a continuing care centre. Once accepted, clients and their families are directly involved in choosing the client's new home, determining needs, wants and expectations, and planning and evaluating the care they will receive. Individual care plans help residents maintain an optimum level of independence, combined with flexible service delivery. This, in turn, enhances their satisfaction with Companion Care.

Clients are happy with the Companion Care option because it allows them to remain in their community of choice, and supports their involvement within that community.

Clients are happy with this option because it allows them to remain in their community and supports their community involvement.

The homes

Companion Care Homes are owned by live-in, non-professional care providers who are approved to give 24-hour-a-day physical, emotional and social support and supervision for up to three residents.

Criteria have been established to guide the selection of homes and care providers. Policy and procedure standards have been set to ensure that the quality and safety of accommodation, environment and services offered are met and maintained. Care provider approval depends on candidates' successful completion of a comprehensive orientation program which includes the Carewest Abuse Prevention Program. Care providers are given on-going support and education when selected.

The Companion Care Program embraces a case-management approach to ensure quality, appropriateness of services provided, and that additional programs and services are utilized as necessary. There are a number of Clinical Specialty Resource Services available to Companion Care clients. These include pharmacy, physical therapy, geriatrician assessment, social work, palliative care, skin care, nutrition assessment, education and counseling, speech/language/dysphasia programs, nursing assessment, education and support, occupational therapy, psychogeriatric assessment and support, recreation therapy, seating clinic and continence programs.

In addition, partnerships in the community, and consultation with other agencies and organizations exists. They include Placement Co-ordination Service – Calgary Regional Health Authority; VON – Adult Day Support Program; Acute Care Hospitals and Geriatric Assessment Units; and Home Care.

Ongoing evaluation

Companion Care is evaluated on an on-going basis, and this evaluation includes the following components: Companion Care Advisory Committee; Resident and Family Satisfaction Surveys; Program Outcome Measures; and Cost Effectiveness and Analysis.

Carewest's role, in addition to matching clients and caregivers, is to provide case management, monitor and ensure the quality of care, provide professional services as required, and offer 24-hour support and regular respite to caregivers.

For information about this program, contact Carole Marshall, Program Leader, Community Services, Carewest, Administration Centre, 1070 McDougall Road N.E., Calgary, AB, T2E 7Z2. Phone 403-267-2900, fax 403-267-2968.

EPICC: Evaluating three models

Evaluating Programs of Continuing Care (EPICC) is a research project that will evaluate three new models of continuing care in Alberta. Last spring, EPICC received a three-year research grant from Health Canada's Seniors' Independence Research Program (SIRP). A key component of SIRP is partnerships between researchers and stakeholders.

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Approach to evaluation

EPICC's evaluation approach emphasizes collaboration with stakeholders throughout the evaluation process. This participatory method captures the multidisciplinary perspective needed for such a multidimensional project. Research team members have backgrounds and expertise in measuring continuing care services, processes and outcomes. The site representatives have backgrounds and expertise in the daily experience of those processes and outcomes. Collaboration will ensure that the evaluation results are credible and relevant.

The following assumptions are reflected in the EPICC approach to evaluation:

- clients are viewed within the context of, and interacting with, their environments
- evaluators and their partners work in a constantly shifting decision-making environment and political context
- evaluation plans are revised and modified in response to stakeholder needs, policy changes, and changes in program implementation
- multilevel data collection approaches relevant to describing and understanding the various contexts are needed
- information is needed not only about each level of context, but also about the interactions among them.

These assumptions were informed by the writings of Bubolz & Sontag[1], Rapport[2], and Rossi & Freeman[3].

The importance of environmental contexts will differ across individual clients as well as models of care. For example, the physical environment may be of paramount importance to residents of the Alzheimer Care Centre, whereas it may be of lesser importance to individuals residing in an adult family living home.

Conceptual framework

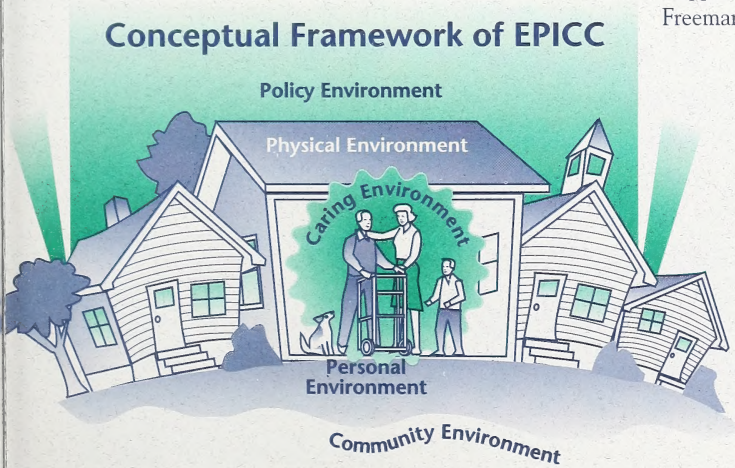
The conceptual framework for the project is ecological. Clients of continuing care are seen as living within a set of environments which frame their experiences in continuing care. The framework means that EPICC will be focused on understanding the various contexts affecting clients. Environments are dynamic and their relative importance will differ across individual clients as well as models of care. There are five environments: personal, physical, caring, community and policy.

Personal environment

This environment includes clients' autonomy, satisfaction with the quality of care received and their quality of life. The personal environment also includes client resources such as functional status and psychological well-being. An understanding of the personal environment is particularly important given the current emphasis in continuing care on client-centred service delivery.

Physical environment

This environment includes the design, aesthetics and artifacts within the residential setting. It also includes perception of the quality of the physical environment.



1. Bubolz, M.M. & Sontag, M.S. (1993). Human ecology theory. In P.G. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm, & S.K. Steinmetz (Eds.). Sourcebook of family theories and methods. A contextual approach (pp. 419 - 448). New York: Plenum Press.
2. Rappaport , J. (1987). Terms of empowerment/examples of prevention: Toward a theory for community psychology. American Journal of Community Psychology, 15(2), 121-147.
3. Rossi, P.H. & Freeman, H.E. (1993). Evaluation: a systematic approach. Newbury Park, CA: Sage Publications.

EPICC: Evaluating three models

Five themes have been identified as central to the evaluation across sites.

Models in EPICC have different physical settings, designed to provide a more home-like atmosphere for clients.

Caring environment

The caring environment involves family, volunteers and paid staff; the individuals who provide support to the client. New partnerships among various caregivers, new staffing patterns in models of care and attitudes of caregivers to their roles and the roles of others are issues that arise from this environment.

Community environment

The community environment includes the setting in which the model of care is provided. Today, many community-based programs operate in partnership with community resources. This shift in focus from self-sufficient institutions means we must examine resources, accessibility to services, adaptation to new service delivery programs, and the geographic setting of communities hosting demonstration sites.

Policy environment

There are a number of levels of policy, including federal, provincial, regional and municipal policies and business plans which provide the broad context for the provision of continuing care. In considering policy and legislative initiatives, it is important to assess the meaning of these initiatives to various stakeholders, and the influence of these policies on the models of care.

Models

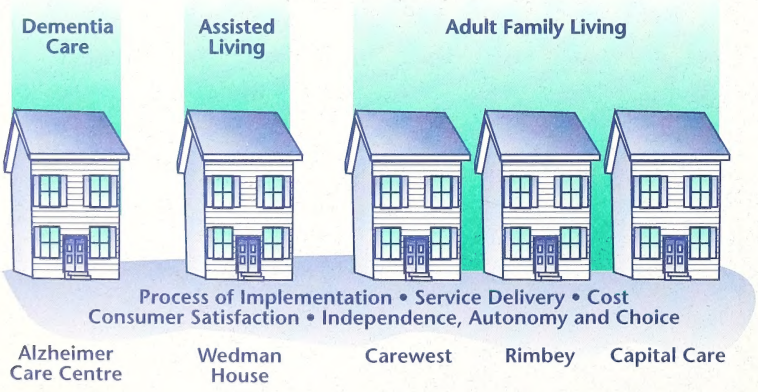
The three EPICC models provide new ways of meeting the needs of the continuing care population. However, the programs differ in terms of model of care, program size, and client population served. Models of care are Dementia Care, Assisted Living and Adult Family Living (the latter includes three different programs). Given the diversity of the programs, EPICC needed a way to describe dimensions of, and evaluation questions common to, these models to link the programs together, rather than having five separate, independent evaluations.

Central Themes

Through discussions with stakeholders five themes have been identified as central to the evaluation across sites. Themes are consumer satisfaction; service delivery; independence, autonomy and choice; cost; and process of implementation. Each theme is developed using the conceptual framework. Thus, for example, costs may be incurred in the personal environment through out-of-pocket expenses, the physical environment through capital and renovation expenses, and the caring environment through costs of services delivered to the client.

At present, the EPICC research team in collaboration with the site representatives is refining the evaluation questions and methodology for each theme. The evaluation questions and methodology for each theme will be described in future newsletters.

Innovative Models of Care



This figure illustrates the innovative models of care, participating programs, and cross-site themes.

If you have questions, please contact the project at **403-492-2865**, fax 403-492-3012, or e-mail at **jforward@pop.srv.ualberta.ca.** Or you may write to:
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The CAPITAL CARE Group — Family Care Homes

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Edmonton's Capital Care Group has been offering an Adult Family Living project since March, 1995, and since then more than 50 clients have lived in 20 caregiver family homes. The age of these clients ranges from 46 years to over 85 years of age, with 70 per cent of clients over the age of 75. Also, more than 70 per cent of the clients are female.

The success of this program is due to a number of factors: clients and their families choose this option, and both caregivers and clients receive on-going support from The Capital Care Group. The client receives personal care services in a home setting with back-up from The Capital Care Group. The home owner receives support and cares for the client under the supervision of a case manager, who develops a care plan for the resident. This is a contractual arrangement.

Case management

The case manager also has the responsibility for initial approval of the operator and ongoing monitoring. The program seeks operators who are dedicated and have a variety of experience and characteristics. They must meet standards on the home environment and care and services to be provided. Home owners receive regular respite services. Capital Care oversees the program and establishes guidelines, standards, case management and administration.

The client must first be screened and assessed as needing admission to a continuing care centre through the single point of entry system. Clients are then made aware of the adult family living option and, if interested, are referred to the adult family living program through the Capital Health Authority Central Assessment and Placement Service (CAPS).

Home-like setting

Clients receive accommodation and services in a home-like setting, their own room, nutritious meals, choice and flexibility in the daily routine, and the opportunity for friendship and community involvement. The option provides a smaller, more personal setting compared to a large facility.

Assistance with special needs, such as physical therapy, occupational therapy, and other supports, is available. These services are offered either in the home or at a Capital Care Group continuing care centre, depending on the client's needs. Assistance can also be obtained with: eating, bathing and dressing, personal grooming, physical activity, medications, laundry, social and leisure activities, and outside appointments. The program receives on-going assessment and monitoring.

For more information on this option, contact Colleen Tiedemann, Administrator, Capital Care – Dickinsfield, 14225 – 95 Street, Edmonton, AB, T5E 6C6. Phone 403-496-3303, fax 403-475-0935.

Profile

VIVIEN LAI

A woman with vision and a great ability to pull together teams, set objectives and meet goals now heads Alberta Health's new Health Services Unit.

Vivien Lai, until recently Senior Director, Community/ Continuing Care Branch with Alberta Health, stepped into her new position in January 1996. This new role brings tremendous responsibility, covering such things as policy planning and legislative issues related to all health services. But Ms. Lai has the depth and experience to meet the challenges ahead.

Ms. Lai is chair of the Continuing Care Outcome Measures Steering Committee, a multistakeholder committee designed to advise on long-range policy and program development. This committee is responsible for initiating the New Models in Continuing Care Demonstration Project.

"This is an exciting time in continuing care," Ms Lai said in an interview for the Innovations in Continuing Care newsletter. "We're at a point in Alberta where a great deal of work has been done. And all this effort is coming to fruition. This province has really made some impressive strides in continuing care."

Ms. Lai traces the important steps towards change back to 1988. Before that time, "things were scattered," she explains. There was no focal point in what was then called long term care. The system was one of stove pipes — meaning that there were barriers and gaps between services. It wasn't a seamless system and, sometimes, the client didn't get the best possible service."

Then came the Mirosh Report. Recommending dramatic changes in the delivery of long term care services, the report has since become a landmark document, drawing attention from the U.S., Britain and Australia.

"From the Mirosh Report came the integration of Alberta's nursing homes and auxiliary hospitals, as well as the introduction of the single point of entry system," explains Ms. Lai. "Essentially the document set in motion a whole shift in the way services to older Albertans are provided. Today, continuing care is about consultation with clients and caregivers, and providing a greater variety of services so that clients can be as independent as possible."

An adjunct professor with the University of Alberta's MHSA program in 1992-93, Ms. Lai rejects the notion that she be seen as a key leader in implementing change in continuing care. "Certainly I've worked hard to assemble and guide teams to reach goals," she acknowledges. "But the changes and accomplishments have been brought about through team effort, and the hard work done by skilled and talented people."

Ms. Lai's sense of vision, ability to implement policy and recommendations, and team management skills are all key strengths in continuing care reform.

Rimbey and Area Adult Family Living Project

The Rimbey and Area Adult Family Living project provides a new approach to continuing care in the David Thompson Health Region of Central Alberta, offering the continuing care client a housing option with a family in the community.

Rimbey's Adult Family Living project is operated by the Rimbey and District Health Care Centre and David Thompson Community Support Services (Home Care). The project began in April, 1995 in response to client requests for alternative care housing options. Previously, placement in a facility was the client's only option if a person could not remain at home. Four clients have been admitted to date — three from continuing care centre beds and one from Alberta Hospital Ponoka. (Two males, two females, ages 72, 91, 73, and 76 respectively.)

A holistic, client-centred approach to providing care has been followed, with the client being the central decision-maker. Client care is provided by the Adult Family Living home operator. The operator draws on both community resources and facility resources to assist in meeting individual care needs.

Standards

Program and care standards parallel Rimbey and District Health Care Centre and David Thompson Community Support Service standards. Housing standards meet defined criteria established in partnership between the facility and community health agencies. Caregiver standards have been established and reflect minimum caregiver training requirements. David Thompson Community Support Services in partnership with Rimbey and District Health Care Centre ensures these standards are met and maintained.

A potential issue with this type of program is client abuse and social isolation. Built into this program is mandatory respite care for the caregiver twice weekly to address these issues. The client spends 24 hours in the Rimbey and District Health Care Centre once a week while the caregiver rests. During this time the client enjoys facility and community social activities and accesses applicable facility care programs. Then, a community respite worker provided by Community Support Services goes to the client's home once a week to provide the second respite period for the caregiver. Community Support Services acts as the case manager for Adult Family Living clients and, together with the facility, monitors at least weekly the care program through respite times and home visits.

Partnerships

An emphasis on partnerships is critical to the success of the Adult Family Living project, the key partnerships being between the client and the home operator. Rimbey and District Health Care Centre and the David Thompson Community Support Service also work in partnership to ensure a good match of client and caregiver. Outcomes of this project will be measured in client satisfaction and caregiver satisfaction and partnership surveys.

For more information on this project, contact Judy Drebert, LTC Director, Rimbey and District Health Care Centre, Box 440, Rimbey, AB, TOC 2J0. Phone 403-843-2271, fax 403-843-2506.

An emphasis on partnerships is critical to the success of the project. The key partnerships being between the client and the home operator.

The group overseeing the Demonstration Project is the New Horizons Directors, which is a group of ten individuals who bring to the project significant experience in contributing to the Alberta community and, especially, work on seniors issues and services. One of the Directors, Mary Davis, has just received the Order of Canada and is profiled in this issue of Innovations in Continuing Care.

Profile
MARY DAVIS

A long history of volunteer work led Mary Davis to her involvement with the New Models in Continuing Care Demonstration Project.

"Volunteering and getting involved just seems to be a natural thing for me to do," Mrs. Davis said recently. "I don't do it for the recognition, but simply to give to the community and help build a better community."

Mrs. Davis' giving has not gone unnoticed. On Nov. 16, 1995, she was awarded the Order of Canada for a lifetime of volunteer work. She received the award from Governor General Romeo LeBlanc at a ceremony at Rideau House in Ottawa.

"Although I got the award, I share the credit," says Mrs. Davis. "I didn't do this alone, although I did bring the leadership."

In the 1960s, Mrs. Davis was involved in the founding of the Alberta Council on Aging and the Society for the Retired and Semi-Retired. She brought together several advocates from across Canada to assist her in making a submission to the federal government regarding the need for a focus on aging at the federal level. The government responded by establishing the National Advisory Council on Aging and a federal office on aging. Mrs. Davis was later appointed the first representative from Alberta on that council.

In the 1980s, Mrs. Davis worked with the Victorian Order of Nurses and the Meals-on-Wheels program in Edmonton. And she has been involved with many more organizations in a volunteer capacity.

A resident of Old Strathcona in Edmonton, Mrs. Davis began life in the work world as a school teacher, and then received her social work education at McGill University in Montreal. During World War II, she served in the Canadian Women's Army Corps, from which she was discharged with the high rank of Major.

Innovations
IN CONTINUING CARE

Innovations in Continuing Care is published four times a year. Submissions, questions, and letters are welcome and should be sent to Project Co-ordinator Bruce Finlayson, c/o New Models in Continuing Care Demonstration Project, 8th Floor, Box 2222, 10025 Jasper Avenue, Edmonton, Alberta, T5J 2P4.
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